

0522387

2 OCT 16 7 97 MB

1564

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

Juvenile

OBTS Number		Agency ORD Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-139557	
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 2 <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) Boynton Beach Blvd/Jog Rd., Boynton Beach, FL				Location of Offense (Business Name, Address) Boynton Beach Blvd/Jog Rd., Boynton Beach, FL			
Date of Arrest 12/23/2020	Time of Arrest 0236	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Priority Towing	
Name (Last, First, Middle) Dyle, Karl, Walter				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black G - Oriental/Asian W	Sex M	Date of Birth 4/29/1970	Height 6'03	Weight 230	Eye Color Green	Hair Color Brown	Complexion Medium
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Divorced		Religion CATHOLIC	
Local Address (Street, Apt. Number) 3342 Greenway Dr, Jupiter, FL 33458		(City) (State) (Zip)		Phone (561) 891-0260		Indication of Alcohol/Drug Influence 1. City 2. County 3. Florida 4. Out of State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Permanent Address (Street, Apt. Number)		(City) (State) (Zip)		Phone		Address Source 1	
Business Address (Name, Street)		(City) (State) (Zip)		Phone		Occupation Sales	
DL Number, State D400519701490, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Detroit, MI	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
Notified by: (Name)		Date		Time		Juvenile Disposition 1. Released/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	
Released To: (Name)		Relationship		Date		Time	
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 365-2828) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade	
Property Change? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Charge Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute	
M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description DUI		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193 (1)a	
Drug Activity N		Drug Type N		Amount / Unit		Offense # 20-139557	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Warrant / Capias Number		Bond					
Location (Court, Room Number, Address) Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600							
Court Date and Time Month January Day 14 Year 2021 Time 0830 AM X PM CO							
I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED 12/23/2020							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) N. Kobitka		I.D. # 37078		(PRINT) DEC 23 AM 5:35	
Intake Deputy Diana Lopez		I.D. #		Pouch #		PAGE	
Transporting Officer N. Kobitka		I.D. # 37078		Agency PBSO		Witness here if subject signed with an -X 1 OF 1	

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Copies	1	Juvenile	N	
ADMIN	Agency ORI Number	Agency Name	Agency Report Number						
	FLO 500000	PALM BEACH COUNTY SHERIFF'S OFFICE	06- 20-139557						
CHARGES	Charge Type: Check as many as apply.	1. Felony	2. Traffic Felony	3. Misdemeanor	4. Traffic Misdemeanor	5. Ordinance	6. Other	Special Notes: Supplemental PC	
	Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth		
Dyle, Karl, Walter				W	M	04/29/1970			
Charge Description		Charge Description		Charge Description		Charge Description			
Driving Under the Influence		316.193 (1)(A)							
VICTIM	Victim's Name (Last, First, Middle)		Race	Sex	Date of Birth				
	STATE OF FLORIDA , ,								
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone		Address Source	
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone		Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 23 day of DECEMBER 2020 at 01:30 <input checked="" type="checkbox"/> A. M. <input type="checkbox"/> P. M. (Specifically include facts constituting cause for arrest.)</p> <p>On the above date and time, I was dispatched to the intersection of Boynton Beach Boulevard, and S Jog Road located within Palm Beach County Florida, in reference to a red Ford Mustang with the driver slumped over the wheel.</p> <p>Upon my arrival at the intersection, I noticed there was a red mustang bearing FL Tag GJMW31 in the west bound lanes on Boynton Beach Boulevard, stopped at the light. I initiated my over head red and blue lights from my fully marked PBSO patrol vehicle, and went to make contact with the driver.</p> <p>I walked up to the vehicle on the drivers side, and noticed a W/M who was later identified as Karl Dyle asleep in the drivers seat. Karl was the only occupant of the vehicle, which was running, and still in gear.</p> <p>I was able to bang on the window a couple of times, and wake Kyle up. I asked Kyle to turn the vehicle off, at which point he struggled to press his start/stop engine button. When asking Kyle where he was coming from, he was at first very confused and lethargic, and eventually told me he came from Boynton Beach.</p> <p>I could smell an odor of an unknown alcoholic beverage emanating from Kyle's breathe, that continued to get stronger the more I spoke with him. I asked Kyle if he had been drinking tonight, in which he advised me he drank approximately two drinks, but could not be specific to which kind. I noticed his eyes were red and glossy, and that his movements were very slow. I also noticed Kyle's speech was slurred.</p> <p>Through my training and experience, Kyle was showing signs of impairment, so I contact the PBSO DUI Unit.</p> <p>D/S Kobitka arrived on scene, and took over the investigation.</p>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;">D/S B. SANZ</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of December 2020 by D/S B.SANZ</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced KNOWN LEO</p> <p>D/S P. SIEGEL 12460</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
PAGE 1 OF 1									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 23 DAY OF December 2020, AT 0127 AM PM

SUBJECT: Dyle, Karl, Walter CASE NUMBER: 20-139557

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: N. Kubitka

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

I responded to Boynton Beach Blvd./Jog Rd. to assist D/S R. Sees #30565 in reference to a possible impaired driver. Upon my arrival, he informed me of the following:
On December 23, 2020 at approximately 01:30, I was dispatched to the intersection of Boynton Beach Boulevard, and S Jog Road located within Palm Beach County Florida, in reference to a red Ford Mustang with the driver slumped over the wheel.

Upon my arrival at the intersection, I noticed there was a red Mustang bearing FL Tag GJM4W31 in the west bound lanes on Boynton Beach Boulevard, stopped at the light. I initiated my over head red and blue lights from my fully marked PBSO patrol vehicle, and went to make contact with the driver.

I walked up to the vehicle on the drivers side, and noticed a W/M who was later identified as Karl Dyle asleep in the drivers seat. Karl was the only occupant of the vehicle, which was running, and still in gear.

I was able to bang on the window a couple of times, and wake Kyle up. I asked Kyle to turn the vehicle off, at which point he struggled to press his start/stop engine button. When asking Kyle where he was coming from, he was at first very confused and lethargic, and eventually told me he came from Boynton Beach.

I could smell an odor of an unknown alcoholic beverage emanating from Kyle's breathe, that continued to get stronger the more I spoke with him. I asked Kyle if he had been drinking tonight, in which he advised me he drank approximately two drinks, but could not be specific to which kind. I noticed his eyes were red and glassy, and that his movements were very slow. I also noticed Kyle's speech was slurred.

Through my training and experience, Kyle was showing signs of impairment, so I contact the PBSO DUI Unit.

OBSERVATION OF DRIVER:

The driver, Karl Dyle was seated in the driver's seat (belted in) staring forward through vehicle's windshield. In speaking with him, I could smell an odor of an unknown alcoholic beverage emitting from his breath. His eyes were red and glassy. His motions were slow and deliberate.

DRIVER'S STATEMENTS:

Dyle advised he had consumed 2 alcohol (Vodka) drinks at a local bar (Brass Tap) and was driving home. Initially, he was unable to recall the name of the bar where he was drinking. He said he did not know what time he started or stopped drinking. He initially stated he had no significant medical conditions. He later stated he had previously broken both arms and both legs throughout his life.

ODORS:

Odor of an alcoholic beverage emitting from Dyle's breath.

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: Indecisive

CLOTHING: Pink pants, red shoes, plaid button up shirt.

MEDICAL/OTHER: Stated none. Later stated he has preexisting leg surgery.

STATE OF FLORIDA
COUNTY OF PALM BEACH

N. Kubitka 37078

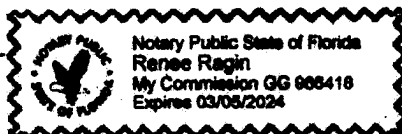
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 23 day of December 2020 by N. Kubitka

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO

Renee Ragin (#16877)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Dyle, Karl, Walter

CASE NUMBER 20-139557

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Swaying during this task.

WALK & TURN:

The defendant, Karl Dyle:

- Failed to keep balance while listening to instructions.
- Started task too soon.
- Stepped off the line.
- Improper turn.
- Took incorrect number of steps on second pass.

PALM PAT:

Defendant stated he was unable to safely perform the one leg stand due to a preexisting condition. He separated his feet during the instructional phase. While performing this task, he failed to keep counting while speeding up as instructed.

FINGER TO NOSE:

Defendant touched left side of nose on his first left hand touch. He utilized the wrong hand (left) when right hand was called on the third right command.

ROMBERG ALPHABET:

Defendant correctly recited the alphabet as requested. He was swaying during this task.

BREATH TEST RESULTS:

1) 0.062	2) 0.063	3)	4)
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STATE OF FLORIDA
COUNTY OF PALM BEACH

N. Kubitka

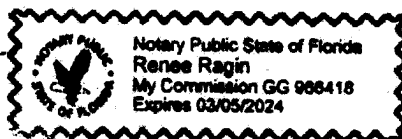
(Signature of Arresting/Investigative Officer)

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(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known LEO

Renee Ragin (#16877)

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



SUBJECT: Dyle, Karl W.

CASE NUMBER: 20-139557

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

OR

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

OR

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

SUBJECT: Dyle, Karl W. CASE NUMBER: 20-139557

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? Home

WHAT STREET OR HIGHWAY WERE YOU ON? Baystar Beach Blvd.

DIRECTION OF TRAVEL? W WHERE DID YOU START? Congress / Old Baystar Brass Tap

WHAT TIME DID YOU START? UNK WHAT TIME IS IT NOW? 3 AM

WHAT IS TODAY'S DATE? 7 27 20 WHAT DAY OF THE WEEK IS IT? Wed.

WHAT COUNTY AND CITY ARE YOU IN NOW? Palm Beach - WFLA

WHEN DID YOU LAST EAT? 2200-12h WHAT DID YOU EAT? Nachos, 1/2/20

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? w/ 1/20

HOW MUCH DO YOU WEIGH? 250 HAVE YOU BEEN DRINKING? NO WHAT? 1/2/20

HOW MUCH? 2 drinks WHERE? Brass Tap WITH WHOM? myself

WHEN DID YOU HAVE YOUR FIRST DRINK? UNK AND YOUR LAST DRINK? UNK

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? slow sip

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Sales WHEN DID YOU LAST WORK? 7/17

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? bruise arms, legs, etc

ARE YOU SICK OR INJURED? No WHAT'S WRONG? unk

DO YOU LIMP? yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? yes, unk WHEN? 7/27/20, 00:15:00

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? gabapentin WHEN? 7/27/20, 11:00

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>UNK</u>
INNER EAR TROUBLE?	<u>UNK</u>
DIABETES?	<u>No</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? UNK

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? MI

INTERVIEWER: D/S N. Hoditka # 37078

FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006476 Software: 8100.27
Date of Test: 12/23/2020

Date of Last Agency Inspection: 12/11/2020

Observation Period Began: 02:59

Subject's Name: KARL W DYLE

DOB: 04/29/1970 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	03:37
	Air Blank	0.000	03:38
	Control Test	0.080	03:38
	Air Blank	0.000	03:39
	Subject Sample #1	0.062	03:40
	Air Blank	0.000	03:41
	Air Blank	0.000	03:42
	Subject Sample #2	0.063	03:43
	Air Blank	0.000	03:44
	Control Test	0.079	03:44
	Air Blank	0.000	03:45
	Diagnostics Check	OK	03:45

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I RENEE M RAGIN, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: _____

Signature

Date: 12/23/20

Sworn to (or affirmed) before me this 23 day of Dec, 2020

Signature of Notary Public-State of Florida

Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

WITNESS LIST

CASE NUMBER: 20-139557

ARRESTING OFFICER: N. Kobitka #37078

ADDRESS: PBSO

PHONE NUMBERS (HOME): _____ (WORK) _____

CAN TESTIFY TO: DUI Investigation

NAME: D/S B. Sanz #30565

ADDRESS: PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Stopping Deputy

NAME: Cpl. A. Soloway #8586

ADDRESS PBSO

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: FTO

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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CAN TESTIFY TO: _____

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CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:
Eyes red and glassy

COMMENTS:

Arrived at center A/O started 20 minute observation period at 02:59 hrs.

Subject asked what would happen.
A/O read I/C 3X
Subject stated he understood I/C and agreed to perform breath test.

A/O read rights.
Subject stated he understood rights.

Tech read test results.
Subject stated he understood test results.

A/O requested to provide urine at 03:46 hrs..
Subject agreed to provide urine.03:51 hrs..

A/O conducted Q&A.
Subject answer questions.

Urine provide @ 04:05



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), 2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020030033	Date: 12/23/2020
	Specialist Name/ID: T Howard/7185